

INVOICE PAYMENT DATA WORKSHEET

Agency: _____

Delegation Number: _____

Date of Review: _____

DGS, Procurement Division Only:

Number of Invoices Reported: _____
 Number Nonresponsive : _____
 Number <30 Days: _____
 Number >30 Days: _____
 Average Number Days to CS or RFP: _____

Accounting Contact:

 Name

 Telephone Number

DGS, Procurement Division Only:

Evaluation: _____

A	B	C	D	E	F	G	H	I	DGS/PD Only	
	Agency Order Number	CAL-Card or Description of Commodity Purchased	CAL-Card IMPAC or Invoice Number	Date of Delivery	Date on CAL Card IMPAC or Invoice	Date CAL- Card IMPAC or Invoice Received	Date of Claim Schedule/Re volve. Fund Payment	Certified Small Business? (Yes/No)	Number of Days to Claim Schedule/RFP	Under 30 days?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Signature of Person Completing Worksheet:

11/28/2001

Please print name and telephone number:
